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1 2 7 UNITED STATES DEPARTMENT OF COMMERCE **Patent and Trademark Office**

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APPLICATION NUMBER	FILING DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NO.
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All participants (applicant, applicant (1) SANSARA (2) RACP & G.	's representative, PTO personr	(a)	um Burgo, gregoria desperadora do entre en esperadora do estado estadora. Por estadora esperadora en prestigentaria (esperadora en los desperadoras en los esperadoras en los desperadoras en los esperadoras en los desperadoras en los esperadoras en los esperado
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Exhibit shown or demonstration con	aducted: Yes PNo If yes	•	The state of the s
Agreement was reached. Www.	as not reached. OF RECOR	grafi i se je spojenski politik koji i se se spojenski politik i se	
Identification of prior art discussed:	NONE		1900. julius Angelon en julio interessor en la entre Periodo trans gant inflorencia en rojet ello interessor ello Periodo transportationes
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A fuller description. If page early a	nd a copy of the amendments,	if available, which the examiner agreed	d would render the claims allowable
must be attached: Also, where no c	opy of the amendments which	would render the claims allowable is a	vallable, a summary thereof must be

IS NOT WAIVED AND MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a response to the last Office action has are ready been filed, APPLICANT IS GIVEN ONE MONTH FROM THIS INTERVIEW DATE TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. in the gradual decidence (see the particle of the distinguish of the con-

2. Since the Examiner's interview summary above (including any attachments) reflects a complete response to each of the objections, rejections and requirements that may be present in the last Office action, and since the claims are now allowable, this completed form is considered to fulfill the response requirements of the last Office action. Applicant is not relieved from providing a separate record of the interview unless box 1 above is also checked.

Examiner Note: You must sign this form unless it is an attachment to another form.